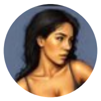

Destiny Rezendes @dezzie_rezzie

Apr 29 • 13 tweets • dezzie_rezzie/status/1652114566870859780

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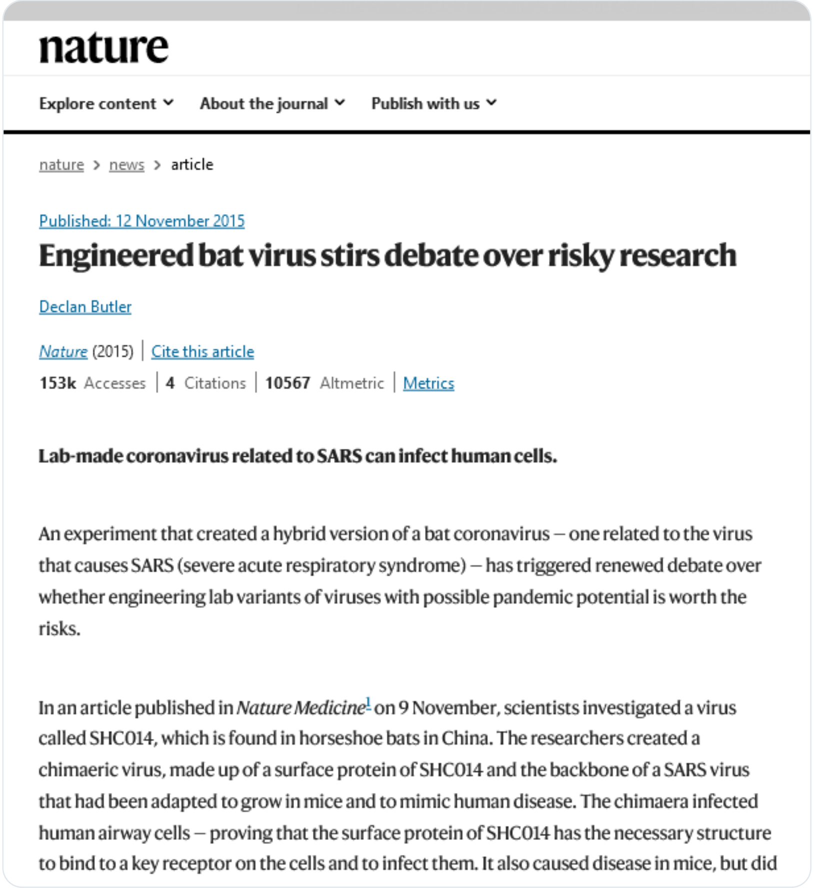
1 🧵I have a saying I refer to when it comes to judging "conspiratorial" topics, "Once an incidence. Twice a coincidence. Three times is a pattern." So, was this a "plandemic?" The GoF research at UNC with Baric & the "Bat-Lady." That's "once."



Published: 12 November 2015

Engineered bat virus stirs debate over risky research

Declan Butler

Nature (2015) | Cite this article

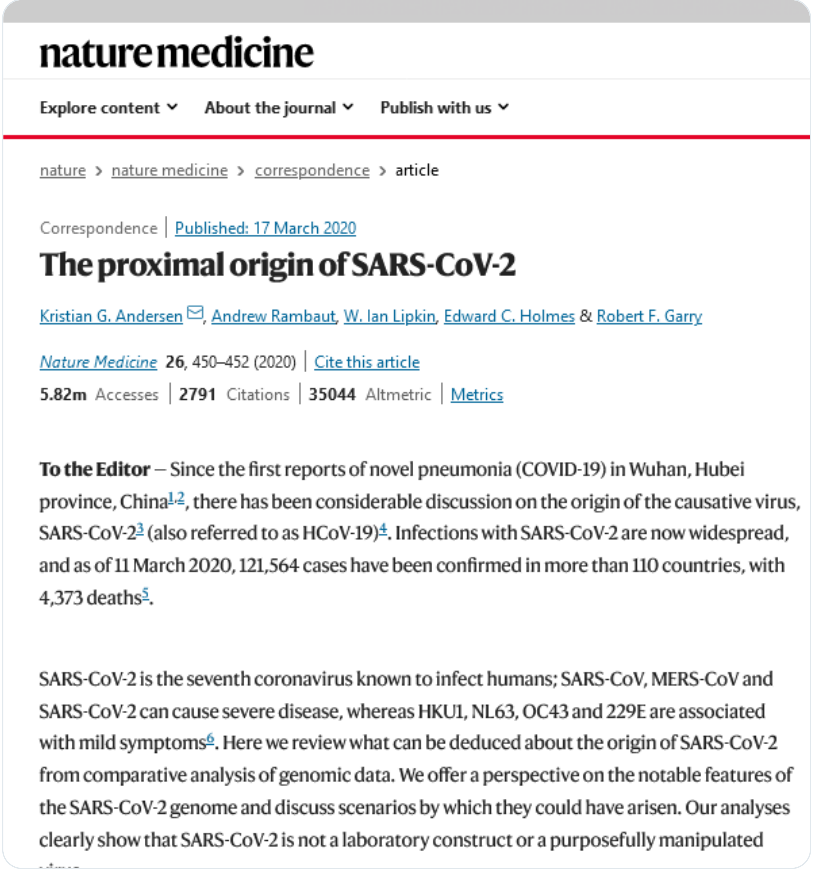
153k Accesses | **4** Citations | **10567** Altmetric | Metrics

Lab-made coronavirus related to SARS can infect human cells.

An experiment that created a hybrid version of a bat coronavirus – one related to the virus that causes SARS (severe acute respiratory syndrome) – has triggered renewed debate over whether engineering lab variants of viruses with possible pandemic potential is worth the risks.

In an article published in *Nature Medicine*[1] on 9 November, scientists investigated a virus called SHC014, which is found in horseshoe bats in China. The researchers created a chimaeric virus, made up of a surface protein of SHC014 and the backbone of a SARS virus that had been adapted to grow in mice and to mimic human disease. The chimaera infected human airway cells – proving that the surface protein of SHC014 has the necessary structure to bind to a key receptor on the cells and to infect them. It also caused disease in mice, but did

2🧵The coordinated Lab-Leak coverup paper, "The Proximal Origins" where one of the authors was the same man who published the first genomic sequence of SARS-CoV2 (on Jan 11th), & he along w/the other authors originally thought it looked "engineered." That's "twice."



Correspondence | Published: 17 March 2020

The proximal origin of SARS-CoV-2

Kristian G. Andersen, Andrew Rambaut, W. Ian Lipkin, Edward C. Holmes & Robert F. Garry

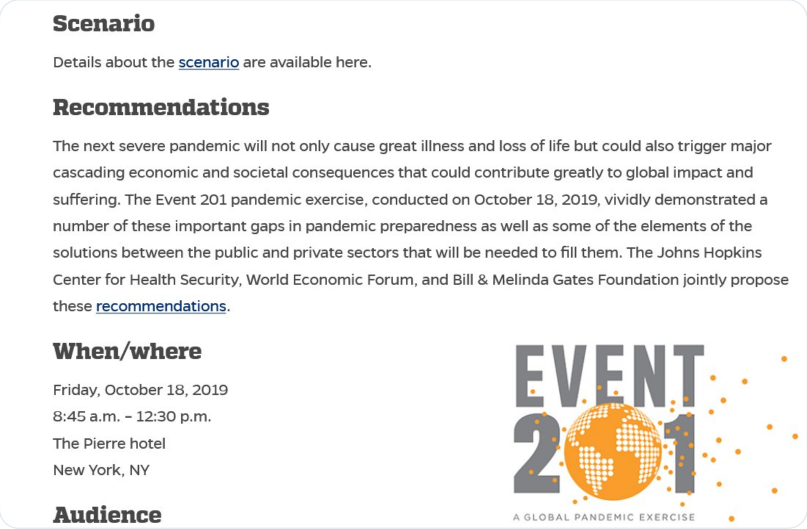
Nature Medicine **26**, 450–452 (2020) | Cite this article

5.82m Accesses | **2791** Citations | **35044** Altmetric | Metrics

To the Editor – Since the first reports of novel pneumonia (COVID-19) in Wuhan, Hubei province, China[1,2], there has been considerable discussion on the origin of the causative virus, SARS-CoV-2[3] (also referred to as HCoV-19)[4]. Infections with SARS-CoV-2 are now widespread, and as of 11 March 2020, 121,564 cases have been confirmed in more than 110 countries, with 4,373 deaths[5].

SARS-CoV-2 is the seventh coronavirus known to infect humans; SARS-CoV, MERS-CoV and SARS-CoV-2 can cause severe disease, whereas HKU1, NL63, OC43 and 229E are associated with mild symptoms[6]. Here we review what can be deduced about the origin of SARS-CoV-2 from comparative analysis of genomic data. We offer a perspective on the notable features of the SARS-CoV-2 genome and discuss scenarios by which they could have arisen. Our analyses clearly show that SARS-CoV-2 is not a laboratory construct or a purposefully manipulated

3🧵The Johns Hopkins Center for Health Security in partnership w/the World Economic Forum & the Bill and Melinda Gates Foundation's Event 201 coronavirus global pandemic exercise just 85 days before Covid-19's genome was made public. That's "three."



Scenario

Details about the scenario are available here.

Recommendations

The next severe pandemic will not only cause great illness and loss of life but could also trigger major cascading economic and societal consequences that could contribute greatly to global impact and suffering. The Event 201 pandemic exercise, conducted on October 18, 2019, vividly demonstrated a number of these important gaps in pandemic preparedness as well as some of the elements of the solutions between the public and private sectors that will be needed to fill them. The Johns Hopkins Center for Health Security, World Economic Forum, and Bill & Melinda Gates Foundation jointly propose these recommendations.

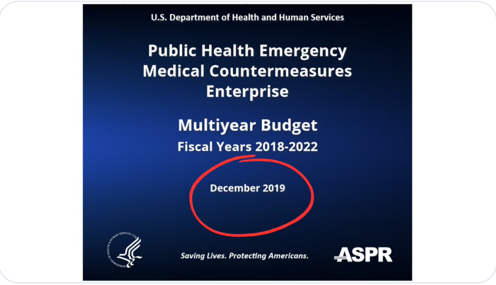
When/where

Friday, October 18, 2019
8:45 a.m. – 12:30 p.m.
The Pierre hotel
New York, NY

Audience

4🧵 Despite it meeting my trivial criteria for indicating the "conspiracy" to be more fact than fiction, others have remained in denial. Regardless of the dozens of other "coincidences" I've pointed out, I'd like to provide a new one. After a pattern, all that's left is design.

5🧵On June 24, 2019 the Pandemic & All-Hazards Preparedness & Advancing Innovation Act (PAHPAIA) was signed into law. Amongst the newly added allowances were: after a emergency is declared it opened the Public Health Emergency Fund.


U.S. Department of Health and Human Services

Public Health Emergency Medical Countermeasures Enterprise

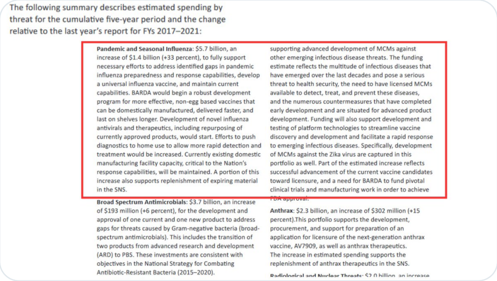
Multiyear Budget

Fiscal Years 2018-2022

December 2019

Saving Lives. Protecting Americans.

ASPR


The following summary describes estimated spending by threat for the cumulative five-year period and the change relative to the last year's report for FYs 2017–2021:

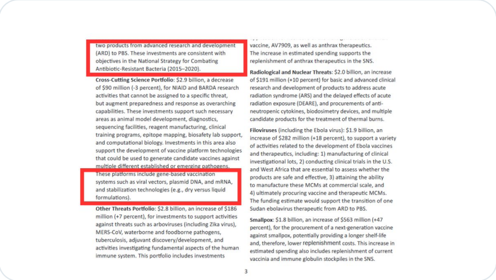
Pandemic and Seasonal Influenza: $5.7 billion, an increase of $1.4 billion (+33 percent), to fully support necessary efforts to address identified gaps in pandemic influenza preparedness and response capabilities, develop a universal influenza vaccine, and maintain current capabilities. BARDA would begin a robust development program for more effective, non-egg based vaccines that can be domestically manufactured, delivered faster, and last on shelves longer. Development of novel influenza antivirals and therapeutics, including repurposing of currently approved products, would start. Efforts to push diagnostics to home use to allow more rapid detection and treatment would be increased. Currently existing domestic manufacturing facility capacity, critical to the Nation's response capabilities, will be maintained. A portion of this increase also supports replenishment of expiring material in the SNS.

Broad Spectrum Antimicrobials: $3.7 billion, an increase of $193 million (+6 percent), for the development and approval of one current and one new product to address gaps for threats caused by Gram-negative bacteria (broad-spectrum antimicrobials). This includes the transition of two products from advanced research and development (ARD) to PBS. These investments are consistent with objectives in the National Strategy for Combating Antibiotic-Resistant Bacteria (2015–2020).

supporting advanced development of MCMs against other emerging infectious disease threats. The funding estimate reflects the multitude of infectious diseases that have emerged over the last decades and pose a serious threat to health security, the need to have licensed MCMs available to detect, treat, and prevent these diseases, and the numerous countermeasures that have completed early development and are situated for advanced product development. Funding will also support development and testing of platform technologies to streamline vaccine discovery and development and facilitate a rapid response to emerging infectious diseases. Specifically, development of MCMs against the Zika virus are captured in this portfolio as well. Part of the estimated increase reflects successful advancement of the current vaccine candidates toward licensure, and a need for BARDA to fund pivotal clinical trials and manufacturing work in order to achieve FDA approval.

Anthrax: $2.3 billion, an increase of $302 million (+15 percent).This portfolio supports the development, procurement, and support for preparation of an application for licensure of the next-generation anthrax vaccine, AV7909, as well as anthrax therapeutics. The increase in estimated spending supports the replenishment of anthrax therapeutics in the SNS.

Radiological and Nuclear Threats: $2.0 billion, an increase


two products from advanced research and development (ARD) to PBS. These investments are consistent with objectives in the National Strategy for Combating Antibiotic-Resistant Bacteria (2015–2020).

Cross-Cutting Science Portfolio: $2.9 billion, a decrease of $90 million (-3 percent), for NIAID and BARDA research activities that cannot be assigned to a specific threat, but augment preparedness and response as overarching capabilities. These investments support such necessary areas as animal model development, diagnostics, sequencing facilities, reagent manufacturing, clinical training programs, epitope mapping, biosafety lab support, and computational biology. Investments in this area also support the development of vaccine platform technologies that could be used to generate candidate vaccines against multiple different established or emerging pathogens. These platforms include gene-based vaccination systems such as viral vectors, plasmid DNA, and mRNA, and stabilization technologies (e.g., dry versus liquid formulations).

Other Threats Portfolio: $2.8 billion, an increase of $186 million (+7 percent), for investments to support activities against threats such as arboviruses (including Zika virus), MERS-CoV, waterborne and foodborne pathogens, tuberculosis, adjuvant discovery/development, and activities investigating fundamental aspects of the human immune system. This portfolio includes investments

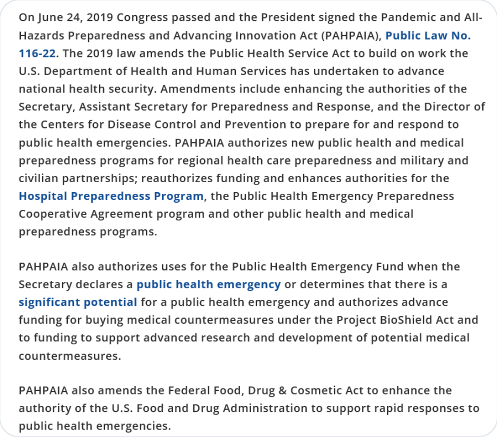
vaccine, AV7909, as well as anthrax therapeutics. The increase in estimated spending supports the replenishment of anthrax therapeutics in the SNS.

Radiological and Nuclear Threats: $2.0 billion, an increase of $191 million (+10 percent) for basic and advanced clinical research and development of products to address acute radiation syndrome (ARS) and the delayed effects of acute radiation exposure (DEARE), and procurements of anti-neutropenic cytokines, biodosimetry devices, and multiple candidate products for the treatment of thermal burns.

Filoviruses (including the Ebola virus): $1.9 billion, an increase of $282 million (+18 percent), to support a variety of activities related to the development of Ebola vaccines and therapeutics, including: 1) manufacturing of clinical investigational lots, 2) conducting clinical trials in the U.S. and West Africa that are essential to assess whether the products are safe and effective, 3) attaining the ability to manufacture these MCMs at commercial scale, and 4) ultimately procuring vaccine and therapeutic MCMs. The funding estimate would support the transition of one Sudan ebolavirus therapeutic from ARD to PBS.

Smallpox: $1.8 billion, an increase of $563 million (+47 percent), for the procurement of a next-generation vaccine against smallpox, potentially providing a longer shelf-life and, therefore, lower replenishment costs. This increase in estimated spending also includes replenishment of current vaccinia and immune globulin stockpiles in the SNS.

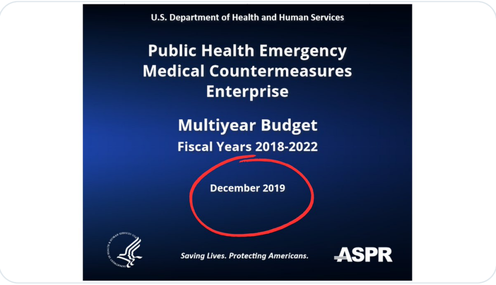
3


On June 24, 2019 Congress passed and the President signed the Pandemic and All-Hazards Preparedness and Advancing Innovation Act (PAHPAIA), **Public Law No. 116-22**. The 2019 law amends the Public Health Service Act to build on work the U.S. Department of Health and Human Services has undertaken to advance national health security. Amendments include enhancing the authorities of the Secretary, Assistant Secretary for Preparedness and Response, and the Director of the Centers for Disease Control and Prevention to prepare for and respond to public health emergencies. PAHPAIA authorizes new public health and medical preparedness programs for regional health care preparedness and military and civilian partnerships; reauthorizes funding and enhances authorities for the **Hospital Preparedness Program**, the Public Health Emergency Preparedness Cooperative Agreement program and other public health and medical preparedness programs.

PAHPAIA also authorizes uses for the Public Health Emergency Fund when the Secretary declares a **public health emergency** or determines that there is a **significant potential** for a public health emergency and authorizes advance funding for buying medical countermeasures under the Project BioShield Act and to funding to support advanced research and development of potential medical countermeasures.

PAHPAIA also amends the Federal Food, Drug & Cosmetic Act to enhance the authority of the U.S. Food and Drug Administration to support rapid responses to public health emergencies.

6🧵The new law (P.L 116-22) authorized military+private partnerships & programs & re-authorized funding for the Public Health Emergency Preparedness Cooperative & w/ that a new PHEMCE Budget in a 5yr plan, which was implemented December 2019.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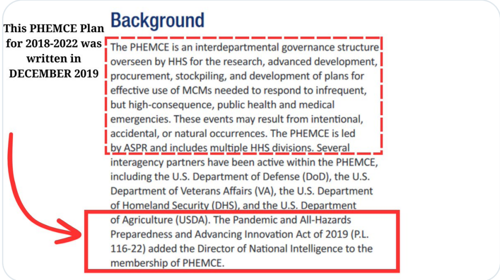
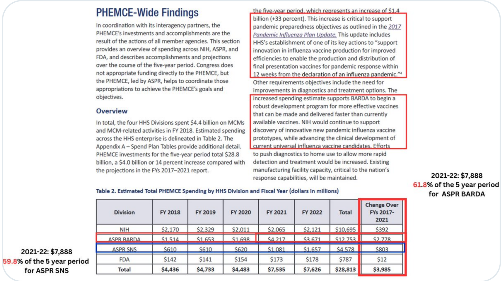

This PHEMCE Plan for 2018-2022 was written in DECEMBER 2019

Background

The PHEMCE is an interdepartmental governance structure overseen by HHS for the research, advanced development, procurement, stockpiling, and development of plans for effective use of MCMs needed to respond to infrequent, but high-consequence, public health and medical emergencies. These events may result from intentional, accidental, or natural occurrences. The PHEMCE is led by ASPR and includes multiple HHS divisions. Several interagency partners have been active within the PHEMCE, including the U.S. Department of Defense (DoD), the U.S. Department of Veterans Affairs (VA), the U.S. Department of Homeland Security (DHS), and the U.S. Department of Agriculture (USDA). The Pandemic and All-Hazards Preparedness and Advancing Innovation Act of 2019 (P.L. 116-22) added the Director of National Intelligence to the membership of PHEMCE.


PHEMCE-Wide Findings

In coordination with its interagency partners, the PHEMCE's investments and accomplishments are the result of the actions of all member agencies. This section provides an overview of spending across NIH, ASPR, and FDA, and describes accomplishments and projections over the course of the five-year period. Congress does not appropriate funding directly to the PHEMCE, but the PHEMCE, led by ASPR, helps to coordinate those appropriations to achieve the PHEMCE's goals and objectives.

Overview

In total, the four HHS Divisions spent $4.4 billion on MCMs and MCM-related activities in FY 2018. Estimated spending across the HHS enterprise is delineated in Table 2. The Appendix A – Spend Plan Tables provide additional detail. PHEMCE investments for the five-year period total $28.8 billion, a $4.0 billion or 14 percent increase compared with the projections in the FYs 2017–2021 report.

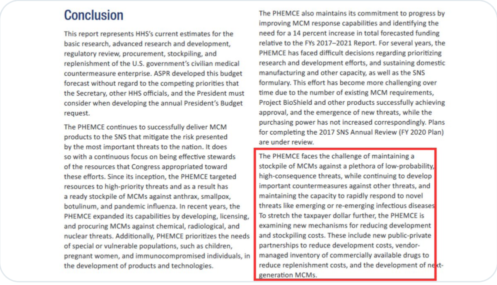
the five-year period, which represents an increase of $1.4 billion (+33 percent). This increase is critical to support pandemic preparedness objectives as outlined in the *2017 Pandemic Influenza Plan Update.* This update includes HHS's establishment of one of its key actions to "support innovation in influenza vaccine production for improved efficiencies to enable the production and distribution of final presentation vaccines for pandemic response within 12 weeks from the declaration of an influenza pandemic."[4] Other requirements objectives include the need for improvements in diagnostics and treatment options. The increased spending estimate supports BARDA to begin a robust development program for more effective vaccines that can be made and delivered faster than currently available vaccines. NIH would continue to support discovery of innovative new pandemic influenza vaccine prototypes, while advancing the clinical development of current universal influenza vaccine candidates. Efforts to push diagnostics to home use to allow more rapid detection and treatment would be increased. Existing manufacturing facility capacity, critical to the nation's response capabilities, will be maintained.

Table 2. Estimated Total PHEMCE Spending by HHS Division and Fiscal Year (dollars in millions)

Division	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	Total	Change Over FYs 2017-2021
NIH	$2,170	$2,329	$2,011	$2,065	$2,121	$10,695	$392
ASPR BARDA	$1,514	$1,653	$1,698	$4,217	$3,671	$12,753	$2,778
ASPR SNS	$610	$610	$620	$1,081	$1,657	$4,578	$803
FDA	$142	$141	$154	$173	$178	$787	$12
Total	**$4,436**	**$4,733**	**$4,483**	**$7,535**	**$7,626**	**$28,813**	**$3,985**

2021-22: $7,888
61.8% of the 5 year period for ASPR BARDA

2021-22: $7,888
59.8% of the 5 year period for ASPR SNS


Conclusion

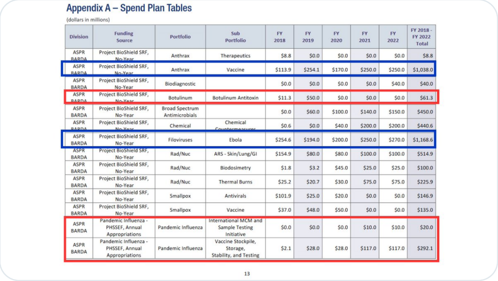
This report represents HHS's current estimates for the basic research, advanced research and development, regulatory review, procurement, stockpiling, and replenishment of the U.S. government's civilian medical countermeasure enterprise. ASPR developed this budget forecast without regard to the competing priorities that the Secretary, other HHS officials, and the President must consider when developing the annual President's Budget request.

The PHEMCE continues to successfully deliver MCM products to the SNS that mitigate the risk presented by the most important threats to the nation. It does so with a continuous focus on being effective stewards of the resources that Congress appropriated toward these efforts. Since its inception, the PHEMCE targeted resources to high-priority threats and as a result has a ready stockpile of MCMs against anthrax, smallpox, botulinum, and pandemic influenza. In recent years, the PHEMCE expanded its capabilities by developing, licensing, and procuring MCMs against chemical, radiological, and nuclear threats. Additionally, PHEMCE prioritizes the needs of special or vulnerable populations, such as children, pregnant women, and immunocompromised individuals, in the development of products and technologies.

The PHEMCE also maintains its commitment to progress by improving MCM response capabilities and identifying the need for a 14 percent increase in total forecasted funding relative to the FYs 2017–2021 Report. For several years, the PHEMCE has faced difficult decisions regarding prioritizing research and development efforts, and sustaining domestic manufacturing and other capacity, as well as the SNS formulary. This effort has become more challenging over time due to the number of existing MCM requirements, Project BioShield and other products successfully achieving approval, and the emergence of new threats, while the purchasing power has not increased correspondingly. Plans for completing the 2017 SNS Annual Review (FY 2020 Plan) are under review.

The PHEMCE faces the challenge of maintaining a stockpile of MCMs against a plethora of low-probability, high-consequence threats, while continuing to develop important countermeasures against other threats, and maintaining the capacity to rapidly respond to novel threats like emerging or re-emerging infectious diseases. To stretch the taxpayer dollar further, the PHEMCE is examining new mechanisms for reducing development and stockpiling costs. These include new public-private partnerships to reduce development costs, vendor-managed inventory of commercially available drugs to reduce replenishment costs, and the development of next-generation MCMs.

7🧵In that newly drafted budget, was a breakdown of funds that were to be allocated towards various agents/pathogens of concern. Certain funds had doubled for the 2021-2022 range while others stayed even in their budgets-Namely Emerging threat, pandemic influenza & new MCMs.



Appendix A – Spend Plan Tables

(dollars in millions)

Division	Funding Source	Portfolio	Sub Portfolio	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2018 - FY 2022 Total
ASPR BARDA	Project BioShield SRF, No-Year	Anthrax	Therapeutics	$8.8	$0.0	$0.0	$0.0	$0.0	$8.8
ASPR BARDA	Project BioShield SRF, No-Year	Anthrax	Vaccine	$113.9	$254.1	$170.0	$250.0	$250.0	$1,038.0
ASPR BARDA	Project BioShield SRF, No-Year	Biodiagnostic		$0.0	$0.0	$0.0	$0.0	$40.0	$40.0
ASPR BARDA	Project BioShield SRF, No-Year	Botulinum	Botulinum Antitoxin	$11.3	$50.0	$0.0	$0.0	$0.0	$61.3
ASPR BARDA	Project BioShield SRF, No-Year	Broad Spectrum Antimicrobials		$0.0	$60.0	$100.0	$140.0	$150.0	$450.0
ASPR BARDA	Project BioShield SRF, No-Year	Chemical	Chemical Countermeasures	$0.6	$0.0	$40.0	$200.0	$200.0	$440.6
ASPR BARDA	Project BioShield SRF, No-Year	Filoviruses	Ebola	$254.6	$194.0	$200.0	$250.0	$270.0	$1,168.6
ASPR BARDA	Project BioShield SRF, No-Year	Rad/Nuc	ARS - Skin/Lung/GI	$154.9	$80.0	$80.0	$100.0	$100.0	$514.9
ASPR BARDA	Project BioShield SRF, No-Year	Rad/Nuc	Biodosimetry	$1.8	$3.2	$45.0	$25.0	$25.0	$100.0
ASPR BARDA	Project BioShield SRF, No-Year	Rad/Nuc	Thermal Burns	$25.2	$20.7	$30.0	$75.0	$75.0	$225.9
ASPR BARDA	Project BioShield SRF, No-Year	Smallpox	Antivirals	$101.9	$25.0	$20.0	$0.0	$0.0	$146.9
ASPR BARDA	Project BioShield SRF, No-Year	Smallpox	Vaccine	$37.0	$48.0	$50.0	$0.0	$0.0	$135.0
ASPR BARDA	Pandemic Influenza - PHSSEF, Annual Appropriations	Pandemic Influenza	International MCM and Sample Testing Initiative	$0.0	$0.0	$0.0	$10.0	$10.0	$20.0
ASPR BARDA	Pandemic Influenza - PHSSEF, Annual Appropriations	Pandemic Influenza	Vaccine Stockpile, Storage, Stability, and Testing	$2.1	$28.0	$28.0	$117.0	$117.0	$292.1

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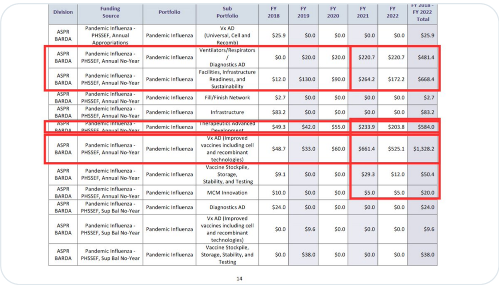

Division	Funding Source	Portfolio	Sub Portfolio	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2018 - FY 2022 Total
ASPR BARDA	Pandemic Influenza - PHSSEF, Annual Appropriations	Pandemic Influenza	Vx AD (Universal, Cell and Recomb)	$25.9	$0.0	$0.0	$0.0	$0.0	$25.9
ASPR BARDA	Pandemic Influenza - PHSSEF, Annual No-Year	Pandemic Influenza	Ventilators/Respirators / Diagnostics AD	$0.0	$20.0	$20.0	$220.7	$220.7	$481.4
ASPR BARDA	Pandemic Influenza - PHSSEF, Annual No-Year	Pandemic Influenza	Facilities, Infrastructure Readiness, and Sustainability	$12.0	$130.0	$90.0	$264.2	$172.2	$668.4
ASPR BARDA	Pandemic Influenza - PHSSEF, Annual No-Year	Pandemic Influenza	Fill/Finish Network	$2.7	$0.0	$0.0	$0.0	$0.0	$2.7
ASPR BARDA	Pandemic Influenza - PHSSEF, Annual No-Year	Pandemic Influenza	Infrastructure	$83.2	$0.0	$0.0	$0.0	$0.0	$83.2
ASPR BARDA	Pandemic Influenza - PHSSEF, Annual No-Year	Pandemic Influenza	Therapeutics Advanced Development	$49.3	$42.0	$55.0	$233.9	$203.8	$584.0
ASPR BARDA	Pandemic Influenza - PHSSEF, Annual No-Year	Pandemic Influenza	Vx AD (Improved vaccines including cell and recombinant technologies)	$48.7	$33.0	$60.0	$661.4	$525.1	$1,328.2
ASPR BARDA	Pandemic Influenza - PHSSEF, Annual No-Year	Pandemic Influenza	Vaccine Stockpile, Storage, Stability, and Testing	$9.1	$0.0	$0.0	$29.3	$12.0	$50.4
ASPR BARDA	Pandemic Influenza - PHSSEF, Annual No-Year	Pandemic Influenza	MCM Innovation	$10.0	$0.0	$0.0	$5.0	$5.0	$20.0
ASPR BARDA	Pandemic Influenza - PHSSEF, Sup Bal No-Year	Pandemic Influenza	Diagnostics AD	$24.0	$0.0	$0.0	$0.0	$0.0	$24.0
ASPR BARDA	Pandemic Influenza - PHSSEF, Sup Bal No-Year	Pandemic Influenza	Vx AD (Improved vaccines including cell and recombinant technologies)	$0.0	$9.6	$0.0	$0.0	$0.0	$9.6
ASPR BARDA	Pandemic Influenza - PHSSEF, Sup Bal No-Year	Pandemic Influenza	Vaccine Stockpile, Storage, Stability, and Testing	$0.0	$38.0	$0.0	$0.0	$0.0	$38.0

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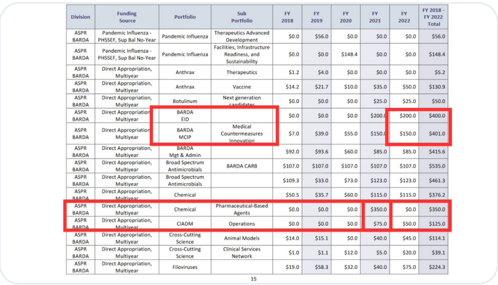
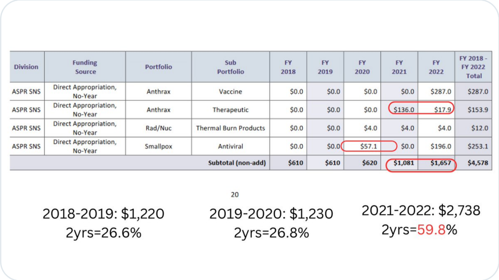


Division	Funding Source	Portfolio	Sub Portfolio	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2018 - FY 2022 Total
ASPR BARDA	Pandemic Influenza - PHSSEF, Sup Bal No-Year	Pandemic Influenza	Therapeutics Advanced Development	$0.0	$56.0	$0.0	$0.0	$0.0	$56.0
ASPR BARDA	Pandemic Influenza - PHSSEF, Sup Bal No-Year	Pandemic Influenza	Facilities, Infrastructure Readiness, and Sustainability	$0.0	$0.0	$148.4	$0.0	$0.0	$148.4
ASPR BARDA	Direct Appropriation, Multiyear	Anthrax	Therapeutics	$1.2	$4.0	$0.0	$0.0	$0.0	$5.2
ASPR BARDA	Direct Appropriation, Multiyear	Anthrax	Vaccine	$14.2	$21.7	$10.0	$35.0	$50.0	$130.9
ASPR BARDA	Direct Appropriation, Multiyear	Botulinum	Next generation candidates	$0.0	$0.0	$0.0	$25.0	$25.0	$50.0
ASPR BARDA	Direct Appropriation, Multiyear	BARDA EID		$0.0	$0.0	$0.0	$200.0	$200.0	$400.0
ASPR BARDA	Direct Appropriation, Multiyear	BARDA MCIP	Medical Countermeasures Innovation	$7.0	$39.0	$55.0	$150.0	$150.0	$401.0
ASPR BARDA	Direct Appropriation, Multiyear	BARDA Mgt & Admin		$92.0	$93.6	$60.0	$85.0	$85.0	$415.6
ASPR BARDA	Direct Appropriation, Multiyear	Broad Spectrum Antimicrobials	BARDA CARB	$107.0	$107.0	$107.0	$107.0	$107.0	$535.0
ASPR BARDA	Direct Appropriation, Multiyear	Broad Spectrum Antimicrobials		$109.3	$33.0	$73.0	$123.0	$123.0	$461.3
ASPR BARDA	Direct Appropriation, Multiyear	Chemical		$50.5	$35.7	$60.0	$115.0	$115.0	$376.2
ASPR BARDA	Direct Appropriation, Multiyear	Chemical	Pharmaceutical-Based Agents	$0.0	$0.0	$0.0	$350.0	$0.0	$350.0
ASPR BARDA	Direct Appropriation, Multiyear	CIADM	Operations	$0.0	$0.0	$0.0	$75.0	$50.0	$125.0
ASPR BARDA	Direct Appropriation, Multiyear	Cross-Cutting Science	Animal Models	$14.0	$15.1	$0.0	$40.0	$45.0	$114.1
ASPR BARDA	Direct Appropriation, Multiyear	Cross-Cutting Science	Clinical Services Network	$1.0	$1.1	$12.0	$5.0	$20.0	$39.1
ASPR BARDA	Direct Appropriation, Multiyear	Filoviruses		$19.0	$58.3	$32.0	$40.0	$75.0	$224.3

15



Division	Funding Source	Portfolio	Sub Portfolio	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2018 - FY 2022 Total
ASPR SNS	Direct Appropriation, No-Year	Anthrax	Vaccine	$0.0	$0.0	$0.0	$0.0	$287.0	$287.0
ASPR SNS	Direct Appropriation, No-Year	Anthrax	Therapeutic	$0.0	$0.0	$0.0	$136.0	$17.9	$153.9
ASPR SNS	Direct Appropriation, No-Year	Rad/Nuc	Thermal Burn Products	$0.0	$0.0	$4.0	$4.0	$4.0	$12.0
ASPR SNS	Direct Appropriation, No-Year	Smallpox	Antiviral	$0.0	$0.0	$57.1	$0.0	$196.0	$253.1
			Subtotal (non-add)	**$610**	**$610**	**$620**	**$1,081**	**$1,657**	**$4,578**

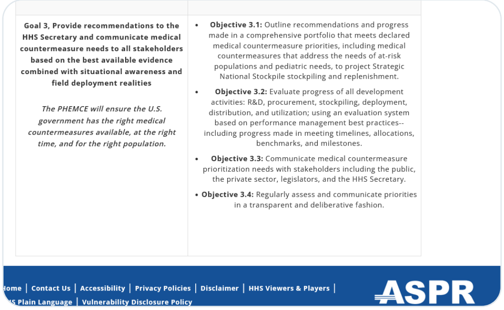
20

2018-2019: $1,220
2yrs=26.6%

2019-2020: $1,230
2yrs=26.8%

2021-2022: $2,738
2yrs=59.8%

8.🧵 While they certainly had their reasons for how they divided the funds, I find it hard to imagine that there is a benign reason for what the new PHEMCE plan also allotted. Not a matter of "How much?" but a matter of "Who's involved."



Goal 3, Provide recommendations to the HHS Secretary and communicate medical countermeasure needs to all stakeholders based on the best available evidence combined with situational awareness and field deployment realities *The PHEMCE will ensure the U.S. government has the right medical countermeasures available, at the right time, and for the right population.*	• **Objective 3.1:** Outline recommendations and progress made in a comprehensive portfolio that meets declared medical countermeasure priorities, including medical countermeasures that address the needs of at-risk populations and pediatric needs, to project Strategic National Stockpile stockpiling and replenishment. • **Objective 3.2:** Evaluate progress of all development activities: R&D, procurement, stockpiling, deployment, distribution, and utilization; using an evaluation system based on performance management best practices--including progress made in meeting timelines, allocations, benchmarks, and milestones. • **Objective 3.3:** Communicate medical countermeasure prioritization needs with stakeholders including the public, the private sector, legislators, and the HHS Secretary. • **Objective 3.4:** Regularly assess and communicate priorities in a transparent and deliberative fashion.

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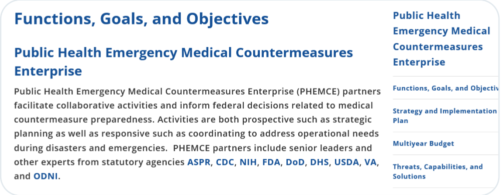
S Plain Language | Vulnerability Disclosure Policy
ASPR



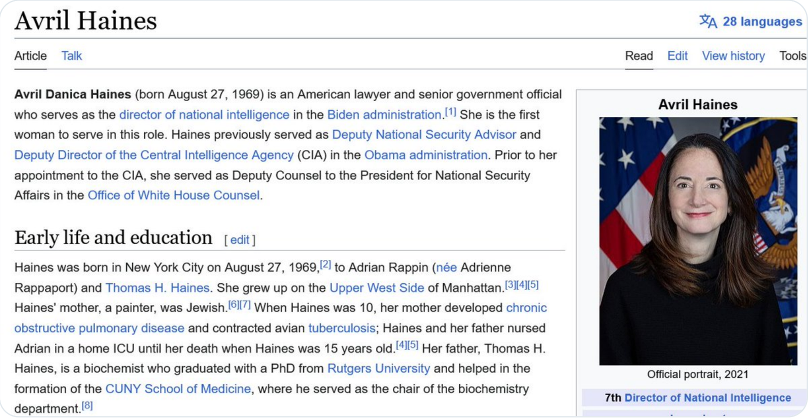
Functions, Goals, and Objectives

Public Health Emergency Medical Countermeasures Enterprise

Public Health Emergency Medical Countermeasures Enterprise (PHEMCE) partners facilitate collaborative activities and inform federal decisions related to medical countermeasure preparedness. Activities are both prospective such as strategic planning as well as responsive such as coordinating to address operational needs during disasters and emergencies. PHEMCE partners include senior leaders and other experts from statutory agencies ASPR, CDC, NIH, FDA, DoD, DHS, USDA, VA, and ODNI.

Public Health Emergency Medical Countermeasures Enterprise
Functions, Goals, and Objectiv
Strategy and Implementation Plan
Multiyear Budget
Threats, Capabilities, and Solutions

9🧵Remember that "Three times," the Event 201 exercise? Well oddly enough, one of the "players" of the exercise was a woman named Avril Haines, the Deputy Director of National Intelligence. Those who follow my research or do there own already know this.



Avril Haines

Avril Danica Haines (born August 27, 1969) is an American lawyer and senior government official who serves as the director of national intelligence in the Biden administration.[1] She is the first woman to serve in this role. Haines previously served as Deputy National Security Advisor and Deputy Director of the Central Intelligence Agency (CIA) in the Obama administration. Prior to her appointment to the CIA, she served as Deputy Counsel to the President for National Security Affairs in the Office of White House Counsel.

Early life and education [edit]

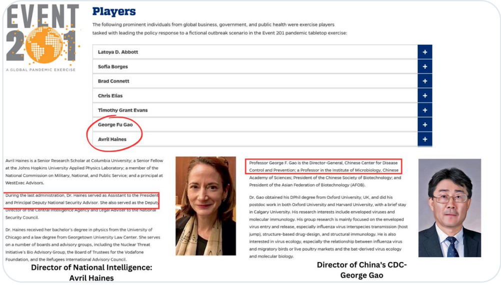
Haines was born in New York City on August 27, 1969,[2] to Adrian Rappin (née Adrienne Rappaport) and Thomas H. Haines. She grew up on the Upper West Side of Manhattan.[3][4][5] Haines' mother, a painter, was Jewish.[6][7] When Haines was 10, her mother developed chronic obstructive pulmonary disease and contracted avian tuberculosis; Haines and her father nursed Adrian in a home ICU until her death when Haines was 15 years old.[4][5] Her father, Thomas H. Haines, is a biochemist who graduated with a PhD from Rutgers University and helped in the formation of the CUNY School of Medicine, where he served as the chair of the biochemistry department.[8]

Avril Haines

Official portrait, 2021

7th Director of National Intelligence

10🧵Being that Haines was a Johns Hopkins(JH) drop-out, its not wildly unusual that she would attend (despite being ex-CIA) an event hosted in part by JHs. PHEMCE/Public Health Emergency Medical Countermeasure Enterprise, remember was written <1mo before the publication of C19.



Players

The following prominent individuals from global business, government, and public health were exercise players tasked with leading the policy response to a fictional outbreak scenario in the Event 201 pandemic tabletop exercise:

- Latoya D. Abbott +
- Sofia Borges +
- Brad Connett +
- Chris Elias +
- Timothy Grant Evans +
- George Fu Gao +
- Avril Haines +

Avril Haines is a Senior Research Scholar at Columbia University; a Senior Fellow at the Johns Hopkins University Applied Physics Laboratory; a member of the National Commission on Military, National, and Public Service; and a principal at WestExec Advisors.

During the last administration, Dr. Haines served as Assistant to the President and Principal Deputy National Security Advisor. She also served as the Deputy Director of the Central Intelligence Agency and Legal Adviser to the National Security Council.

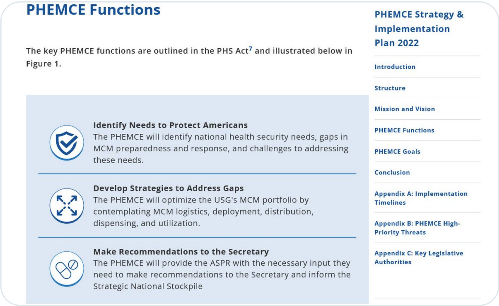
Dr. Haines received her bachelor's degree in physics from the University of Chicago and a law degree from Georgetown University Law Center. She serves on a number of boards and advisory groups, including the Nuclear Threat Initiative's Bio Advisory Group, the Board of Trustees for the Vodafone Foundation, and the Refugees International Advisory Council.

**Director of National Intelligence:
Avril Haines**

Professor George F. Gao is the Director-General, Chinese Center for Disease Control and Prevention; a Professor in the Institute of Microbiology, Chinese Academy of Sciences; President of the Chinese Society of Biotechnology; and President of the Asian Federation of Biotechnology (AFOB).

Dr. Gao obtained his DPhil degree from Oxford University, UK, and did his postdoc work in both Oxford University and Harvard University, with a brief stay in Calgary University. His research interests include enveloped viruses and molecular immunology. His group research is mainly focused on the enveloped virus entry and release, especially influenza virus interspecies transmission (host jump), structure-based drug-design, and structural immunology. He is also interested in virus ecology, especially the relationship between influenza virus and migratory birds or live poultry markets and the bat-derived virus ecology and molecular biology.

**Director of China's CDC-
George Gao**



PHEMCE Functions

The key PHEMCE functions are outlined in the PHS Act[7] and illustrated below in Figure 1.

Identify Needs to Protect Americans
The PHEMCE will identify national health security needs, gaps in MCM preparedness and response, and challenges to addressing these needs.

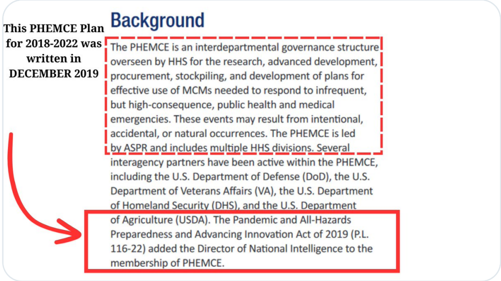
Develop Strategies to Address Gaps
The PHEMCE will optimize the USG's MCM portfolio by contemplating MCM logistics, deployment, distribution, dispensing, and utilization.

Make Recommendations to the Secretary
The PHEMCE will provide the ASPR with the necessary input they need to make recommendations to the Secretary and inform the Strategic National Stockpile

PHEMCE Strategy & Implementation Plan 2022
Introduction
Structure
Mission and Vision
PHEMCE Functions
PHEMCE Goals
Conclusion
Appendix A: Implementation Timelines
Appendix B: PHEMCE High-Priority Threats
Appendix C: Key Legislative Authorities

11🧵That PHEMCE plan quietly mentions pg 5, in the bottom of the first paragraph,that the new June 2019 PAHPAIA Act (P.L 116-22) that to be added to this Public Health Emergeny MCM enterprise would be the Director of National Intelligence:Avril Haines.
https://aspr.hhs.gov/PHEMCE/Documents/phemce-myb-30Jan2020-508.pdf

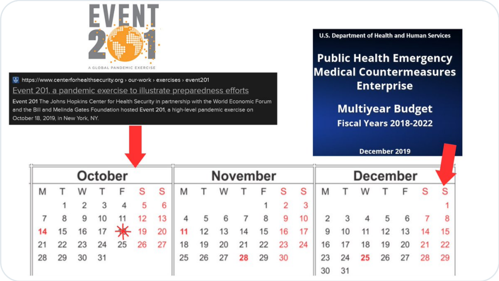
12. 🧵Within 6 months of the pandemic, new military & USG partnerships for emergency medical countermeasures+BILLIONS of dollars, the opening of emergency funds & the Global Pandemic exercise all opened to the DNI for the first time in history. Just in time.😉



This PHEMCE Plan for 2018-2022 was written in DECEMBER 2019

Background

The PHEMCE is an interdepartmental governance structure overseen by HHS for the research, advanced development, procurement, stockpiling, and development of plans for effective use of MCMs needed to respond to infrequent, but high-consequence, public health and medical emergencies. These events may result from intentional, accidental, or natural occurrences. The PHEMCE is led by ASPR and includes multiple HHS divisions. Several interagency partners have been active within the PHEMCE, including the U.S. Department of Defense (DoD), the U.S. Department of Veterans Affairs (VA), the U.S. Department of Homeland Security (DHS), and the U.S. Department of Agriculture (USDA). The Pandemic and All-Hazards Preparedness and Advancing Innovation Act of 2019 (P.L. 116-22) added the Director of National Intelligence to the membership of PHEMCE.



https://www.centerforhealthsecurity.org › our-work › exercises › event201
Event 201, a pandemic exercise to illustrate preparedness efforts
Event 201 The Johns Hopkins Center for Health Security in partnership with the World Economic Forum and the Bill and Melinda Gates Foundation hosted Event 201, a high-level pandemic exercise on October 18, 2019, in New York, NY.

U.S. Department of Health and Human Services
Public Health Emergency Medical Countermeasures Enterprise
Multiyear Budget
Fiscal Years 2018-2022
December 2019

October

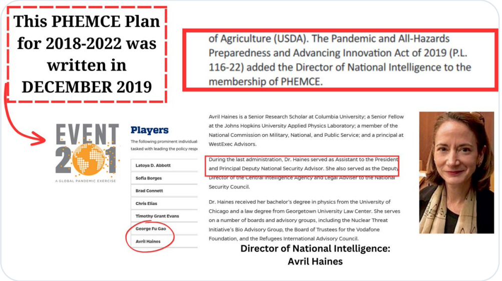
M	T	W	T	F	S	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	✱	19	20
21	22	23	24	25	26	27
28	29	30	31			

November

M	T	W	T	F	S	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

December

M	T	W	T	F	S	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					



This PHEMCE Plan for 2018-2022 was written in DECEMBER 2019

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Players

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- Latoya D. Abbott
- Sofia Borges
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- Avril Haines

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**Director of National Intelligence:
Avril Haines**

13🧵I provided the proof, the link to the PHEMCE above, & now the PAHPIAI act :

https://aspr.hhs.gov/legal/pahpa/Pages/pahpaia.aspx

Now that the pattern has been established, you can surely see the design. ✌️

• • •